

Exhibit 4

Winston Shrout  
c/o 4230 NE Azalea Str.  
Hillsboro, Oregon [97124]  
Phone: 503-913-0704  
Email: wshrout@infowest.com

Registered Mail # RA64510956545

**ASSIGNMENT OF REVERIONARY INTEREST IN WINSTON SHROUT  
TO THE US DEPARTMENT OF TREASURY**

May 25, 2014

Secretary  
c/o United States Department of Treasury  
1500 Pennsylvania Avenue NW  
Washington DC 20220

Dear Mr. / Ms. Secretary

During my recent studies in history regarding the Civil War, the 14th Amendment to the US Constitution, Lieber Code, jurisdiction changes in 1871 and 1878 and the formulation of Washington, DC, and the separation of the cabinet position of the Department of Treasury into the US Department of Treasury/IMF, Trading With the Enemy Act and subsequent to WWII, it has become to my attention that I may be considered as an enemy to the state.

Therefore, to ensure that I not considered an enemy, and to honor the pledge of WINSTON SHROUT to the public trust, I am fully assigning the reversionary interest in WINSTON SHROUT to Secretary, c/o U.S. Department of the Treasury via UCC-3 full assignment as per 12 USC 95 a (2). This assignment includes, but is not limited to the following items of collateral (Accepted for Value, and Assigned for Settlement and Closure):

1. Certified Record of Birth, Commonwealth of Kentucky FILE NO. 116 1948 27491 for WINSTON SHROUT, dob APRIL 27, 1948
2. UNITED STATES MARINE CORPS DD 214 B34-P131

Winston Shrout relies on:

- The *Law of Nations*, Book 3, Article 15, paragraph 104-110 and 134-135;
- The United Nations Commission on Human Rights;
- the Geneva Convention IV, Article 5; and
- 12 USC 95(a) 2

# Exhibit A

Winston Shrout also offers any assistance to the US Department of Treasury per the above noted humanitarian positions as I hold the following appointments and positions:

**THE OFFICE OF INTERNATIONAL TREASURY CONTROL**  
A Sovereign Jurisdiction with Charter Granted and Recorded by the United Nations  
United Nations Charter Control Number: 10-60847  
Immunity and Authority Guaranteed under Great Seal Number 632258894  
**THE HONORABLE WINSTON SHROUT**

Notary Exequatur  
With Authority of Legate Adjudica

-and-

**The Soekarno Trust (The Amanah)**  
A sovereign Jurisdiction with Charter Granted and Recorded by the United Nations  
United Nations Sovereign Identification Number : MISA 81704  
United Nations Reference : "Operation Heavy Freedom" (1948)  
**LETTER OF APPOINTMENT AND COMMISSION**

We, the Sovereign Trust "The Amanah"  
Herewith Appoint and Commission  
The Honorable Winston Shrout  
Notary Exequatur  
With Authority of Legate Adjudica

Please refer to photocopies of said appointments.

Sincerely,

Winston Shrout  
Winston Shrout

Exhibit B

# Certified Record of Birth

## Commonwealth of Kentucky

### Cabinet For Health Services



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FILE NO. 116 1948 27491

COUNTY OF BIRTH: CLARK

CHILD'S NAME: WINSTON SHROUT

CHILD'S DATE OF BIRTH: APRIL 27, 1948

MOTHER'S MAIDEN NAME: MINNIE JANE GOULDEN

MOTHER'S AGE: 27

FATHER'S NAME: WALTER SHROUT

FATHER'S AGE: 32

DATE FILED BY REGISTRAR: 05/04/1948

SEX: MALE



1609579

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

This record certifies that the above birth occurred on the date and place shown. The original certificate of birth is on file with the Cabinet for Health Services, Office of Vital Statistics, 275 East Main Street, Frankfort, Kentucky 40621-0001.

02/16/2006

DATE ISSUED:

State Registrar

*W. L. L. L. L. L.*

Assign to US Dept of Treasury  
For deposit to US Treasury  
for account WINSTON SHROUT 401643573  
Winston ShROUT  
without recourse

Accept for Value, Assign for Settlement  
Exempt from Levy, Exemption 16  
12 USC 95 a (2)  
Winston ShROUT 5/25/14  
Deposit to the US Treasury and  
Charge to WINSTON SHROUT 401643573

Exhibit C

# Oregon Secretary of State Kate Brown

Print and Save Report  
Create another filing?

New Filing

©2010, Oregon Secretary of State. All Rights Reserved.  
136 State Capitol, Salem, OR 97310

## UCC-1

### STATE OF OREGON

Corporation Division - UCC  
255 Capitol Street NE, Suite 151  
Salem, Or 97310-1327  
(503) 986-2200  
FilingInOregon.com  
Oregon Secretary of State  
Filing Number: 90114619  
Filing Date: May 25, 2014 10:35 AM  
Filed Electronically  
Action: Initial Filing

#### Debtor -

Organization Name: WINSTON SHROUT (TRUST)  
Address 1: PO BOX 4043  
City: HILLSBORO  
State: OR, USA  
Zip Code: 97123

#### Secured Party -

Organization Name: Winston Shrout  
Address 1: c/o 4230 NE Azalea Str  
City: Hillsboro  
State: OR, USA  
Zip Code: 97124-9998

#### Collateral -

Documents:  
FILE NO. 116 1948 27491  
DD 214 MC B34-P131  
Oregon

*Exhibit D*  
**Oregon  
Secretary of State  
Kate Brown**

**UCC-3**

**STATE OF OREGON**

Corporation Division - UCC

255 Capitol Street NE, Suite 151

Salem, Or 97310-1327

(503) 986-2200

FilingInOregon.com

Oregon Secretary of State

Filing Number: 90114619-1

Filing Date: May 25, 2014 06:59 PM

Filed Electronically

*Action:* Amendment Collateral Assigned

*Collateral -*

This is a full assignment of the following documents:

FILE NO. 116 1948 27491 and

DD 214 MC B34-P131

*Action:* Assignment

*Secured Party -*

Organization Name: Secretary US Dept of Treasury

Address 1: 1500 Pennsylvania Ave NW

City: Washington

State: DC, USA

Zip Code: 20220

*Filer Authorization*

Winston Shrout (SP)

Oregon UCC, UCC-3, Filing Number 90114619-1 Page 1 of 1

Exhibit E

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>[Signature]</i> C. Date of Delivery <i>[Date]</i></p>
<p>1. Article Addressed to:</p> <p><i>Secretary 40 US Dept of Treasury 1500 Pennsylvania Ave NW Washington DC 20220</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>File 306</i></p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>RA 645 109 565 US</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Exhibit F

15003426-1

# United States of America



## DEPARTMENT OF STATE

*To all to whom these presents shall come, Greetings:*

I Certify That the document hereunto annexed is under the Seal of the State(s) of Kentucky, and that such Seal(s) is/are entitled to full faith and credit.\*

*\*For the contents of the annexed document, the Department assumes no responsibility.*

*This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, John F. Kerry, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-seventh day of October, 2014.

Issued pursuant to CHXIV, State of  
Sept. 15, 1789, 1 Stat. 68-69; 22  
USC 2657; 22USC 2651a; 5 USC  
301; 28 USC 1733 et. seq.; 8 USC  
1443(f); RULE 44 Federal Rules of  
Civil Procedure.

By \_\_\_\_\_

*John L. Kerry*  
Secretary of State  
*[Signature]*

Assistant Authentication Officer,  
Department of State

Exhibit F



**Alison Lundergan Grimes**  
**SECRETARY OF STATE**

For use in: Taiwan

**CERTIFICATE OF AUTHENTICATION**

1. Country: United States of America

This public document

2. has been signed by Paul F. Royce

3. acting in the capacity of State Registrar

Office of Vital Statistics

Commonwealth of Kentucky

4. bears the seal/stamp of Paul F. Royce

State Registrar

Commonwealth of Kentucky

**CERTIFIED**

5. at Frankfort, Kentucky 6. the 30th day of September, 2014

7. by Secretary of State, Commonwealth of Kentucky

8. No. 77733.122792.46686.127485

9.



10. Signature:

*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky



# Registrar of Vital Statistics

## Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

4026691

WRITE PLAINLY WITH INK

Form V. & No. 2-4		COMMONWEALTH OF KENTUCKY		State File No. <b>27491</b>	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		DEPARTMENT OF HEALTH Bureau of Vital Statistics		Registrar's No. <b>171</b>	
Registration District No. <b>365</b>		Primary Registration District No. <b>2120</b>		CERTIFICATE OF LIVE BIRTH	
1. PLACE OF BIRTH:			2. USUAL RESIDENCE OF MOTHER:		
(a) County <u>Franklin</u>			(a) State <u>Kentucky</u>		
(b) City or town <u>Franklin</u>			(b) County <u>Franklin</u>		
(c) Name of hospital or institution <u>St. Mary's Hospital</u>			(c) City or town <u>Franklin</u>		
(d) Mother's stay before delivery: In hospital or institution <u>0</u> In this community <u>0</u> (Specify whether years, months, or days)			(d) Street No. <u>1404 Simpson Ave</u> IF RURAL GIVE P. O. ADDRESS <u>364</u>		
3. FULL NAME OF CHILD <u>Winston Sherrill</u> Weight <u>7</u> lbs <u>11</u> oz					
4. Sex <u>M</u>	5. Legitimacy <u>Legitimate</u>	6. Twin, triplet, or other <u>None</u>	7. Number months of pregnancy <u>9</u>	8. Date of birth <u>Apr. 27, 48</u>	
9. FATHER OF CHILD:			10. MOTHER OF CHILD:		
Full name <u>William Sherrill</u>			Full maiden name <u>William Sherrill</u>		
11. Color or race <u>W</u>			12. Age at time of this birth <u>32</u> yrs.		
13. Birthplace <u>Bath Co. Ky</u>			14. Usual occupation <u>U.S. P.H. Service</u>		
15. Industry or business <u>U.S. P.H. Service</u>			16. Industry or business <u>U.S. P.H. Service</u>		
17. Children born to this mother:			18. How many other children of this mother are now living? <u>1</u>		
(a) How many other children were born alive but are now dead? <u>0</u>			(b) How many children were born dead? <u>0</u>		
19. I hereby certify that I attended the birth of this child who was born alive at the home of <u>William Sherrill</u> on the date above stated and that the information given was furnished by <u>William Sherrill</u> related to this child as <u>father</u>					
20. Date received by local registrar <u>5-17-48</u>			Attendant's own signature <u>J. H. Sherrill</u> (M.D., Midwife, or other)		
21. Registrar's Own Signature <u>Mary M. Dugan</u>			Address <u>Franklin, Ky</u>		

THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 29th day of September, 20 14.

Paul F. Royce  
State Registrar



~~Exhibit~~ Exhibit G

### AFFIDAVIT OF OWNERSHIP

Washington county    )  
                                  ) affirmed  
Oregon state            )

I, Winston Shrout, over the age of twenty-one (21) years, with firsthand knowledge and competent to testify, do state that the party named on attached birth certificate is the same party as one of the owners named in said certificate of title.

Winston Shrout 4/3/15  
Winston Shrout  
c/o 4230 NE Azalea Str.  
Hillsboro, Oregon [97124]

### NOTARY

I, Kayla Christine Quinney, a notary public residing in Washington County, Oregon, do state that on the day of April 3, 2015, a man, Winston Shrout, who upon proper identification, did affix his autograph to the above affidavit.

Kayla Christine Quinney April 3, 2015





Exhibit H

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

WINSTON SHROUT  
4230 NE AZALEA STREET  
HILLSBORO, OREGON 97124

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

WINSTON SHROUT, ORGANIZATION-TRADE-NAME/TRADE-MARK, TRUST

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

4230 NE AZALEA STREET

CITY

HILLSBORO

STATE

OR

POSTAL CODE

97124

COUNTRY

USA

1d. SEE INSTRUCTIONS

Not Applicable

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

Not Applicable

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Shrout

Winston

3c. MAILING ADDRESS

4230 NE Azalea Street

CITY

Hillsboro

STATE

97124

POSTAL CODE

97124

COUNTRY

uSA

4. This FINANCING STATEMENT covers the following collateral:

and fixtures[with or without]Timber and mineral ect. it includes appliances,stoves,ovens,carpet,lighting,insulation and flooring ect. as follows. For this is an actual Constructive Notice that all of the Debtors interest now held or hereafter required is hereby accepted Collateral for the Securing Contractual-Obligations in favor of the Secured-Party as detailed in a True,correct,Complete Security-Agreement-Contract Presentment by the Debtor and is in possession of the Secured Party; NOTICE in Accordance with various USC Sections Re;Property-this is an entry of the Debtor with the "Commercial-Registry"and the Following-Property is hereby registered with the same Public-Notice of a Commercial-Transaction ;See Attachments Exhibits A through C  
ALL PROPERTY BELONGING TO THE DEBTOR BELONGS TO THE SECURED PARTY  
Exhibit-A,Legal Description of Real Property page 1 of 1  
Exhibit-B,Authenticated Document from Secretary of State # 15003426-1 pages 1 of 3  
Exhibit-C,Affidavit of Ownership page 1 of 1

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (Additional Fee)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

*Exhibit I*

RECORDING REQUESTED BY AND MAIL TO:  
(Name and mailing address, including city, state, and  
ZIP code, of requesting party)

WINSTON SHROUT  
4230 NE AZALEA STREET  
HILLSBORO, OREGON 97124

Recorded in Official Records, County of San Bernardino



**BOB DUTTON**  
ASSESSOR - RECORDER - CLERK

P Counter

4/17/2015  
10:41 AM  
DH  
HES

Doc#: 2015-0152688

Titles: 1 Pages: 8



Fees	46.00
Taxes	0.00
Other	0.00
<b>PAID</b>	<b>546.00</b>

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

**DOCUMENT TITLE**

- ☐ ABSTRACT OF JUDGMENT
- ☐ ACKNOWLEDGMENT OF SATISFACTION OF JUDGMENT
- ☒ OTHER (specify): FIXTURE FILING

Exhibit J

Commissioner John Koskinen or his assigns  
c/o Internal Revenue  
1111 Constitution Ave.  
Washington, DC 20224-0002

Dear Commissioner,

Please take notice of the enclosed documents: authentication of the long form Certificate of Live Birth for Winston Shrout, and recording of the same under an Affidavit of Ownership (counter deed).

Please enter this status change onto your Internal Revenue master file so that all of the US Government agencies can update their files.

Winston Shrout has perfected a security interest as per the revised Article 9 requirements. This is an estoppel against any other claim by any other entity.

Winston Shrout is a private man, a non-resident alien, an American National.

Winston Shrout is not an enemy of the state as per Title 50 of the US Code, Trading with the Enemy Act, but is at peace with all men.

Thank you for your assistance in this matter.

Sincerely yours,

By: \_\_\_\_\_  
Winston Shrout, *sui juris*

\_\_\_\_\_  
date

I, \_\_\_\_\_, a notary public residing in \_\_\_\_\_ county,  
Oregon state, do state that on the above date, that a man who properly identified himself as Winston Shrout, did affix his autograph to the above writing.

\_\_\_\_\_  
NOTARY PUBLIC

SEAL



Exhibit K

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to: Comm. Kostinen c/o IR 1111 Constitution Ave Wash, DC 20224-0002		B. Received by (Printed Name) C. Date of Delivery 	
2. Article Number (Transfer from service label) 7015 0640 0000 0188 4725		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No Received by the Commissioner Correspondence Office JUN 08 2015	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	